

State of Nevada
Board of Examiners for Social Workers
4600 Kietzke Lane – C-121 Reno, NV 89502

Applicant: Complete the top portion of this form and send it to each state in which you are or have been certified, registered or licensed. The agency issuing the license, registration or certification should complete the form and return it directly to this office. Some states require a fee for this service.

The Nevada State Board of Examiners for Social Workers has received an application for social work license from:

Name: _____ Date of Birth: _____

License #: _____ Social Security #: _____

1. Is this individual currently certified or licensed in your state? Yes _____ No _____

If yes, date of issue: _____ At what level? _____

2. Is the license currently in good standing? Yes _____ No _____

3. What was the basis for certification or licensure in your state? Endorsement _____ Exam _____

Grandfathered _____

If licensed by exam, please complete the following:

Was exam ASWB (AASSWB)? Yes _____ No _____ Examination Level _____

Passing Score _____ Applicant's Score _____ Examination Date _____

Were postgraduate supervised hours a requirement for licensure or certification? Yes _____ No _____

If yes, what was the requirement? _____

If yes, what were the qualifications for the supervisor(s) _____

If yes, how often did the supervisor and applicant meet? _____

4. Has this certification/license ever been suspended, revoked, restricted or otherwise encumbered?

Yes _____ No _____ If yes, please explain: _____

5. Has this individual ever been the subject of any disciplinary action? Yes _____ No _____

If yes, please explain: _____

6. Are there any unresolved complaints pending against this individual? Yes _____ No _____

If yes, please explain: _____

Signature

State

Seal

Title

Date